

PEPFAR Civil Society Partner's Meeting

Overview Presentation



Monday February 3, 2014
Kopanong Hotel
Benoni, South Africa



President's Emergency Plan for AIDS Relief (PEPFAR) – Phase 1

- PEPFAR launched in 2003, modeled as an emergency response
- Largest commitment by any nation to combat a single disease internationally
- U.S. non-governmental organizations, academic medical centers, faith-based organizations brought technical expertise, service delivery capacity to support high-burden countries
- Helped prove that medicine could be effectively delivered in complicated contexts at scale to save lives



U.S. PEPFAR – Phase 2

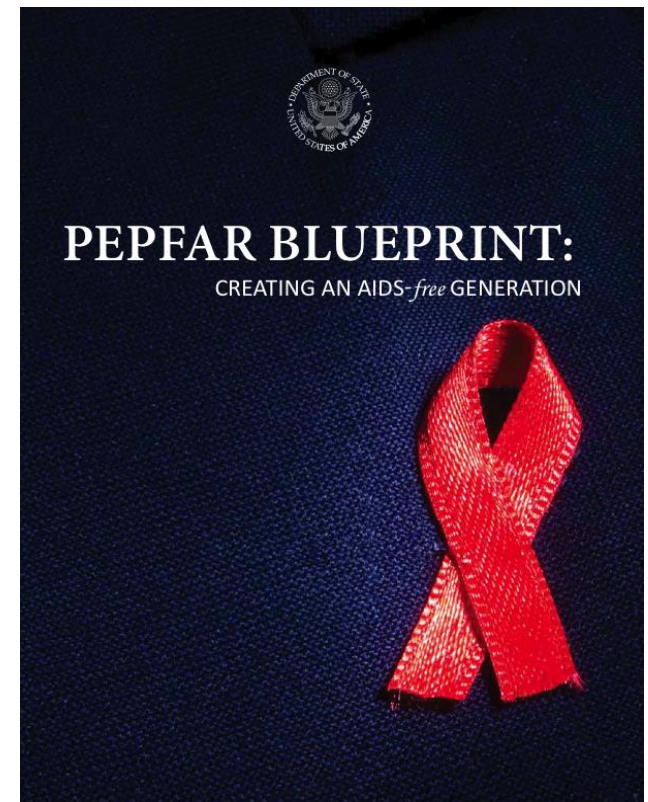
- PEPFAR reauthorized in 2008 for five years (2009-2013)
- Evolution from emergency response to sustainable country programs
- Moving scientific/medical advance into evidence-based, high-impact interventions
- Dual focus on expanding HIV service access and strengthening partner country capacity to lead and sustain national response
- Increased priority on innovation, operations research to evaluate impact, maximize outcomes
- To date, total PEPFAR investment > \$46 billion, including over \$8.5 billion to the Global Fund

**PEPFAR recently reauthorized for another five years
(2014-2018)**



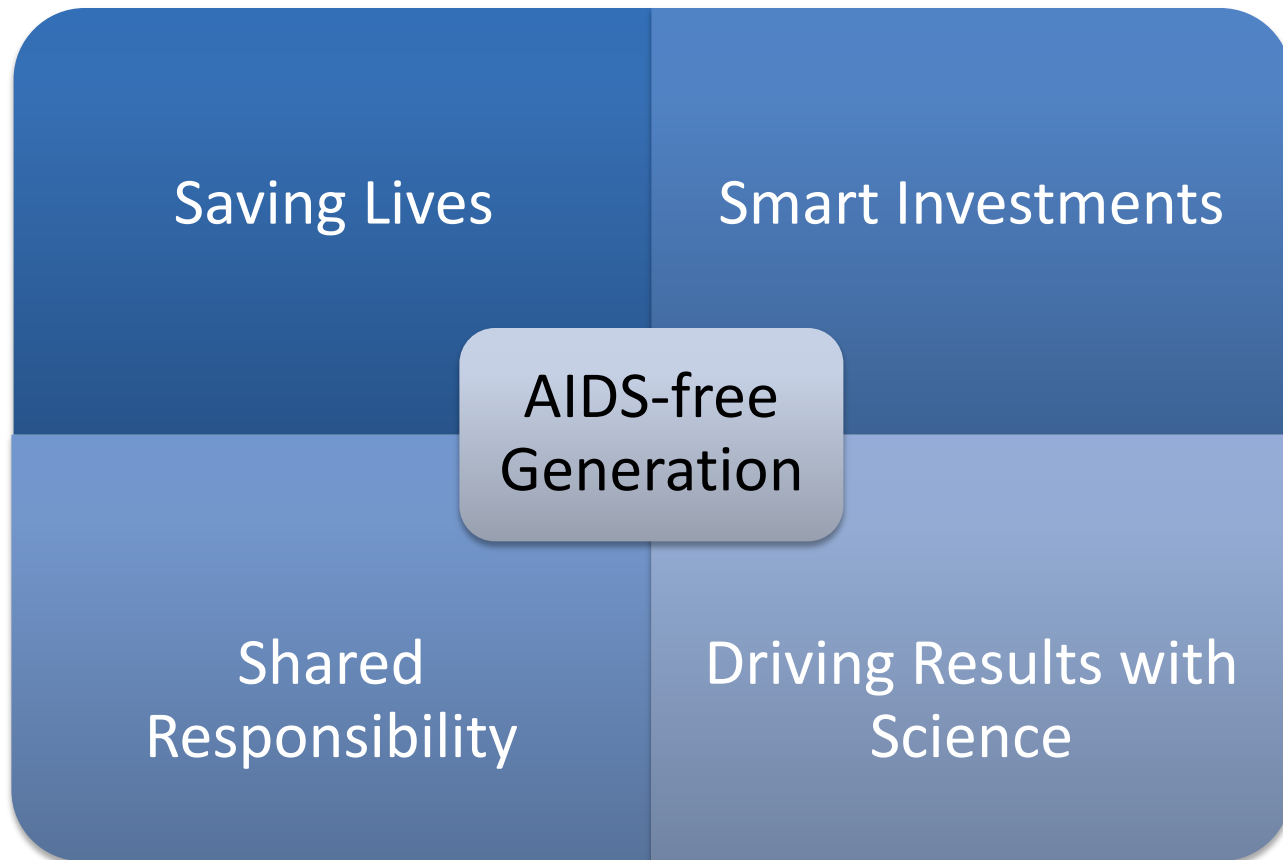
A Bold Vision for an AIDS-free Generation

- The *PEPFAR Blueprint for Creating an AIDS-free Generation* – launched in advance of World AIDS Day 2012
- Presents a bold vision that would have been inconceivable a decade ago
- An AFG is a future in which:
 - No children born with HIV
 - HIV incidence declines dramatically
 - Those who need treatment get it





PEPFAR Blueprint: Four Roadmaps



Each road map contains **specific goals and comprehensive action** and implementation steps on how PEPFAR will support partner countries' efforts to meet the goal of an AIDS-free generation



Roadmap: Saving Lives

Goal: Scale up high-impact interventions

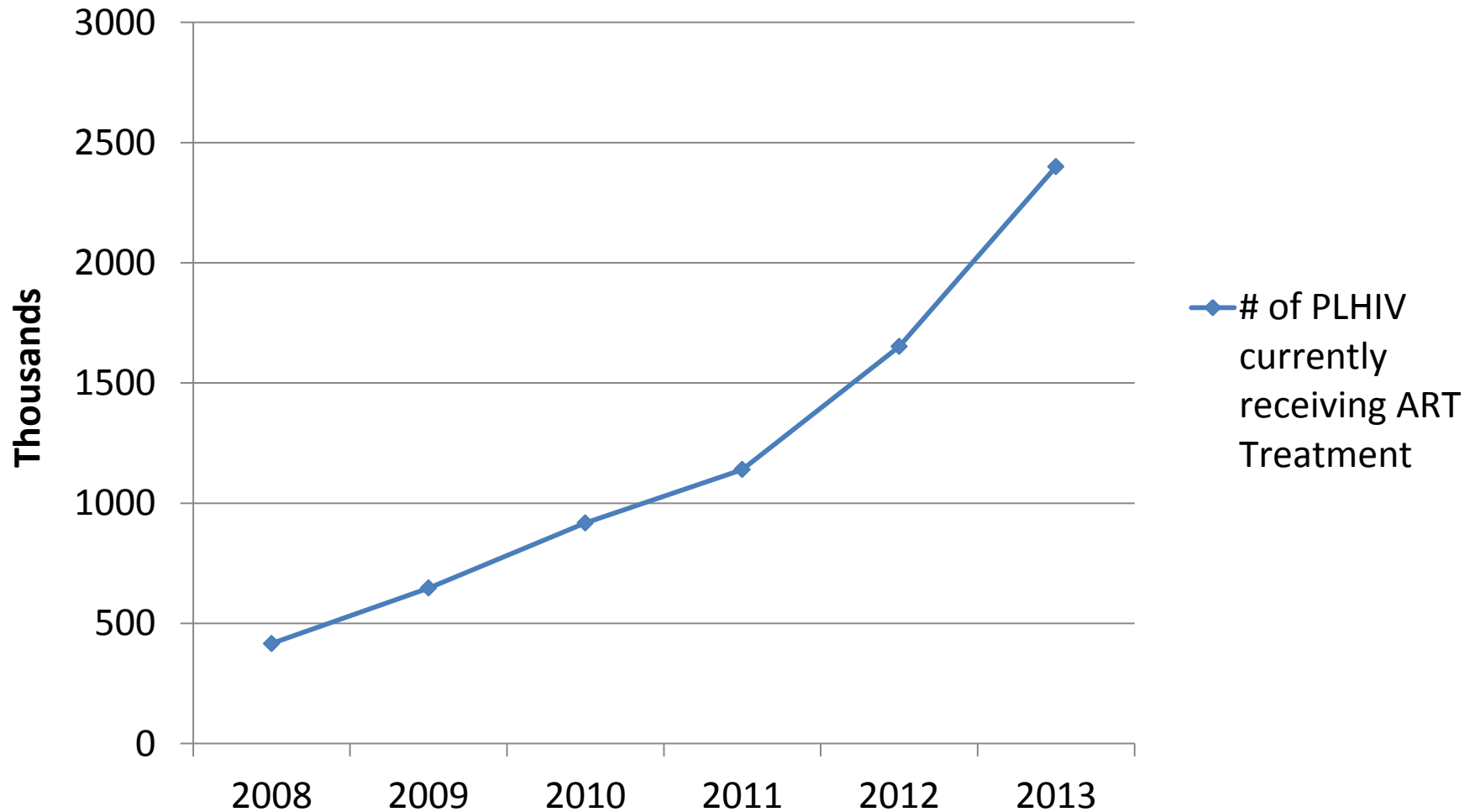
Treatment: Increase coverage of adult and pediatric HIV treatment both to reduce AIDS-related mortality and to enhance HIV prevention, especially among MSM, PWID, Transgender, and Sex Workers.

PMTCT: Work toward the elimination of new HIV infections among children by 2015 and keep mothers alive.

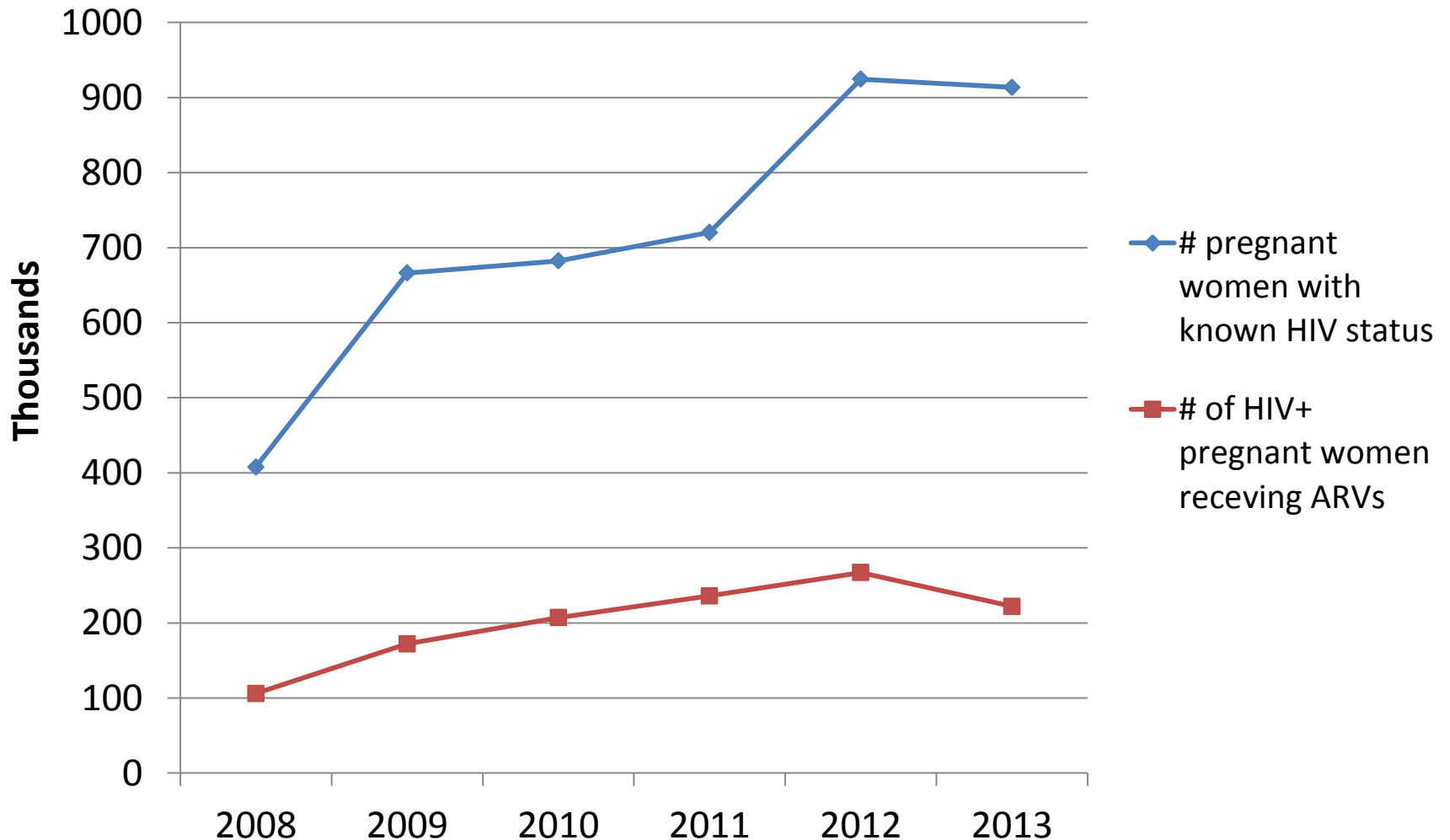
Voluntary Medical Male Circumcision: Increase coverage among males 15-49 year olds in high HIV burden countries with generalized epidemics.



Results- ARV Treatment

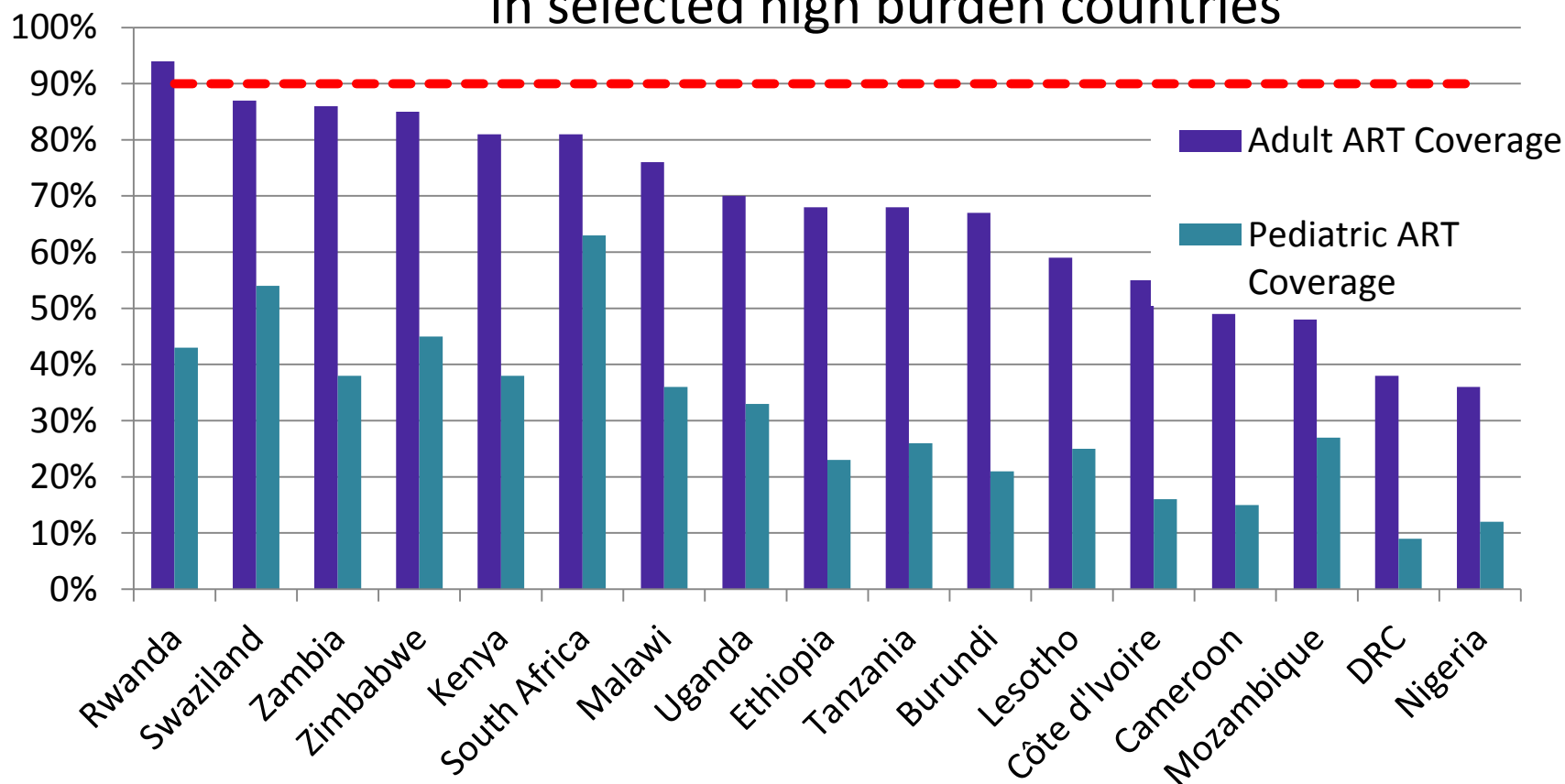


Results- PMTCT



Critical Need for Focused Effort on Peds ART

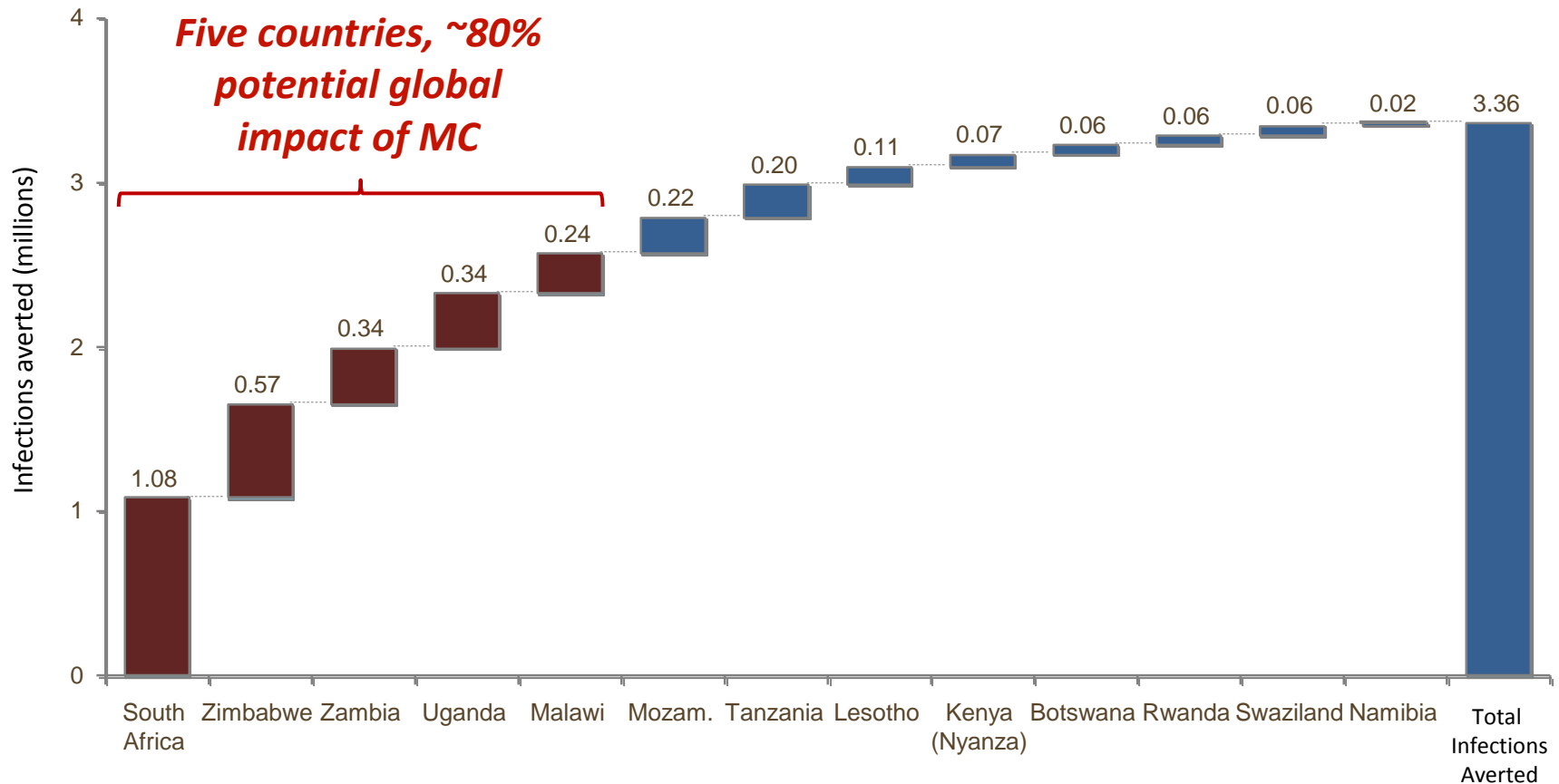
Disparity in coverage of Adult & Pediatric ART
in selected high burden countries





VMMC – Modeled HIV Infections Averted by 2025 if 80% of adult males circumcised in 5 years

- In five countries alone, VMMC expansion can save >2.5M lives



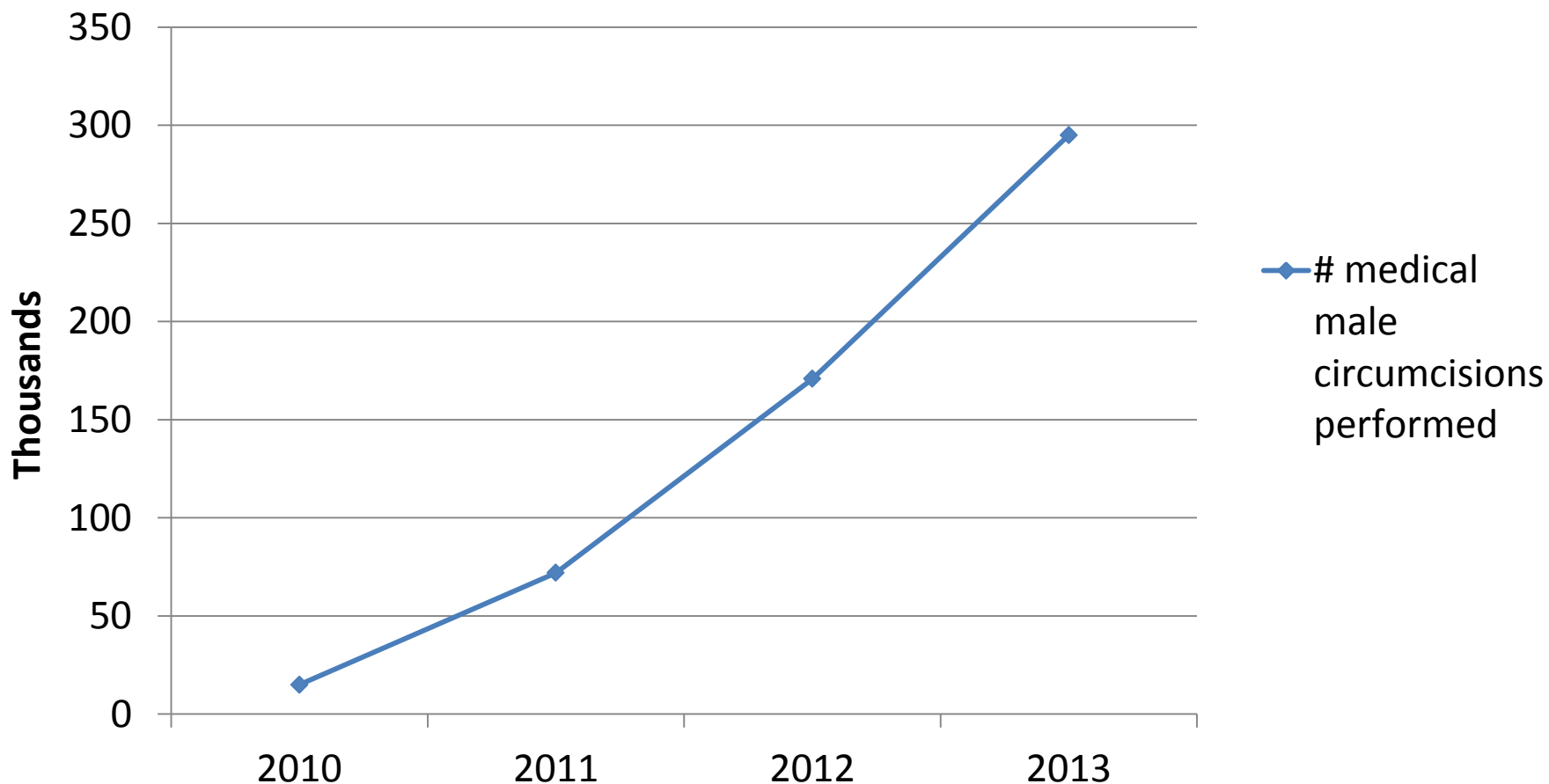
Note: Assumes each country achieves 80% MC prevalence target by 2015. Kenya infections averted only applies to Nyanza province. MC targets have been revised for select countries since original WHO goals were set, changing total MC target to ~22 M.

Source: Njeuhmeli et.al., Voluntary Medical Male Circumcision: Modeling the Impact and Cost of Expanding Male Circumcision for HIV Prevention in Eastern and Southern Africa, PLoS Medicine, Nov. 2011



Results - Medical Male Circumcision

medical male circumcisions performed





Roadmap: Smart Investments

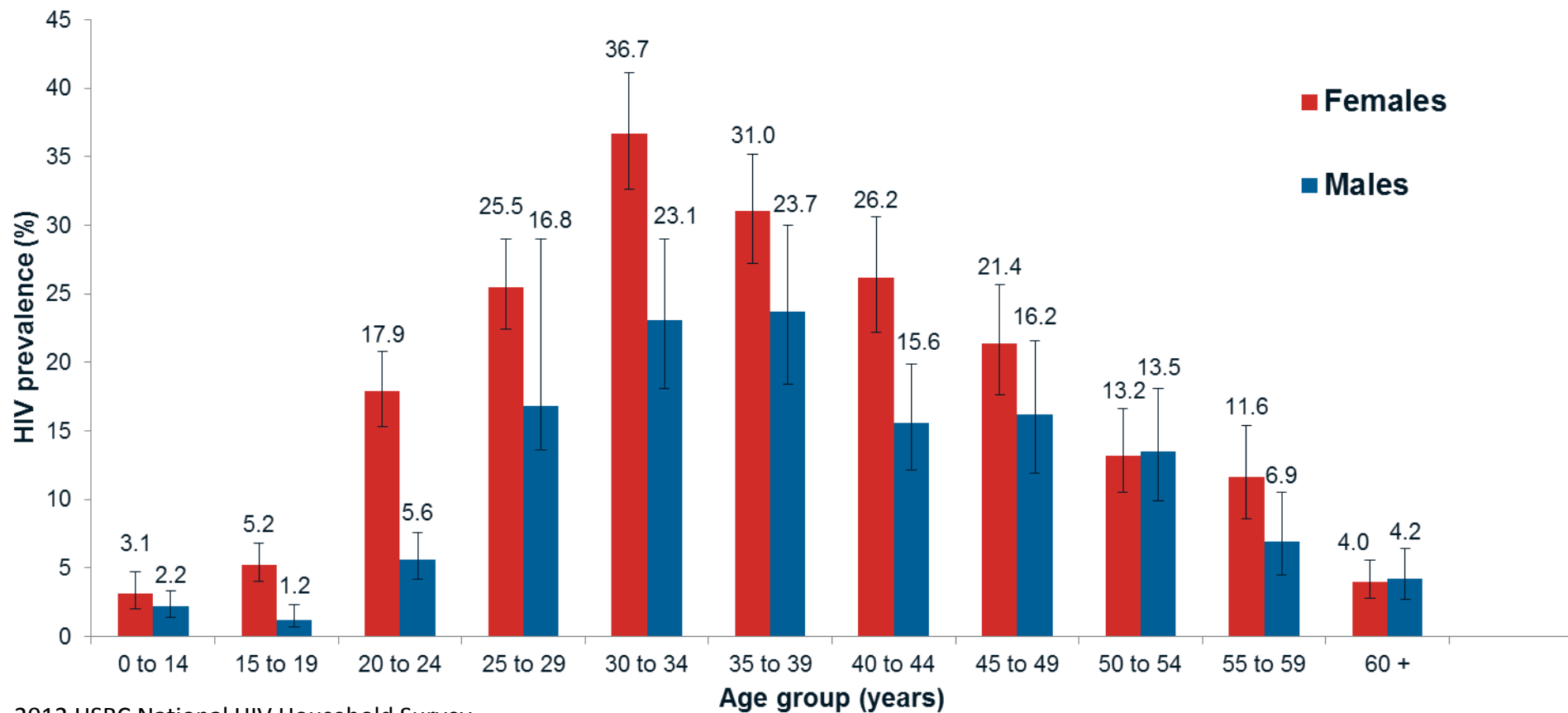
Goal: Go where the virus is and use money wisely

TB: Target HIV-associated tuberculosis and reduce co-morbidity and mortality

Key Populations: Increase access to and uptake of HIV services by key populations

Control costs: Use expenditure analysis and efficient program delivery models to increase impact

HIV prevalence by age and sex, South Africa, 2012

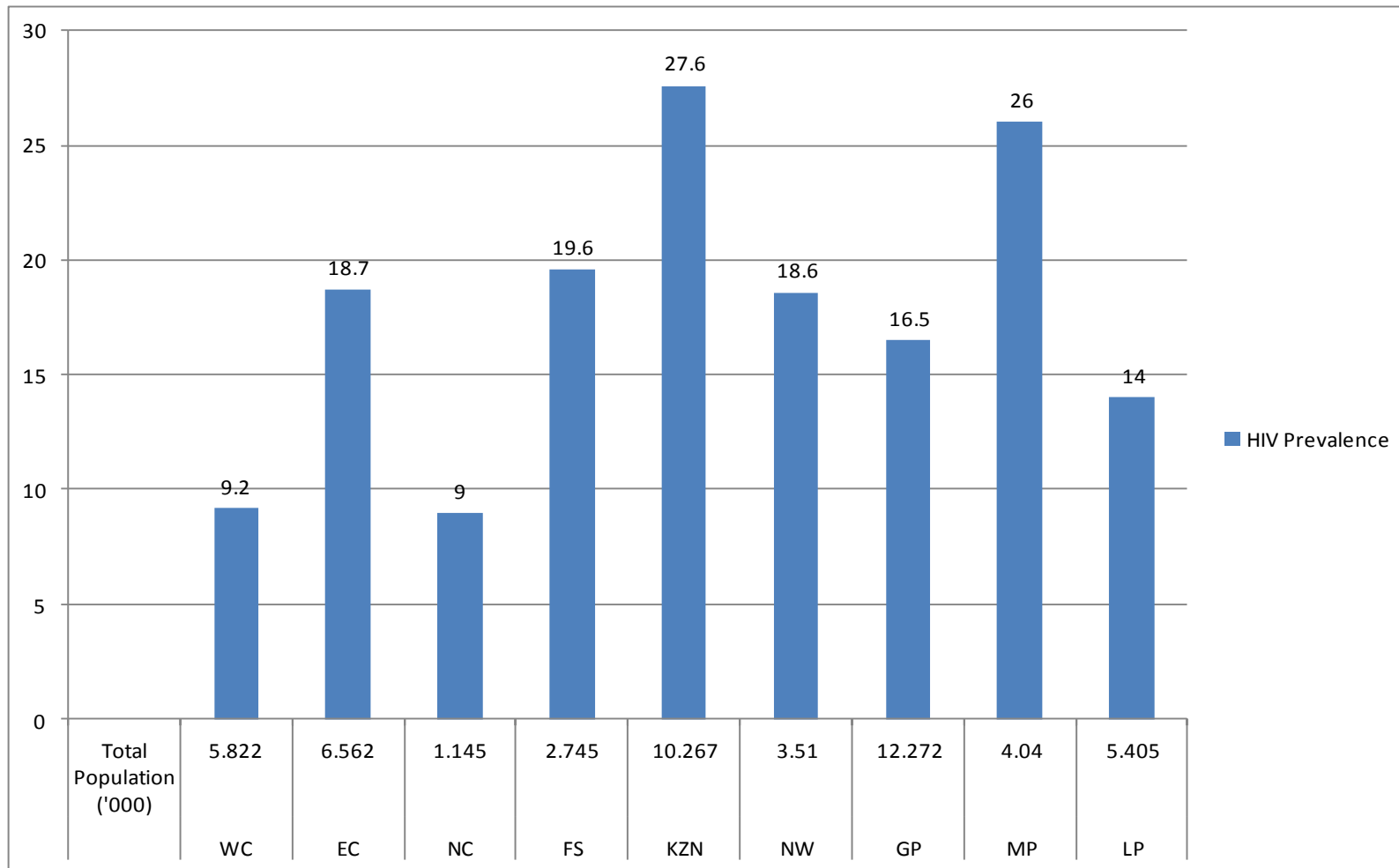




Delivering for Women and Girls

- Increasing **gender equity in HIV/AIDS programs and services**
- Engaging **men and boys** to address norms and behaviors
- Increasing women and girls' **legal protection**
- Increasing women and girls' access to **income and productivity resources, including education**
- Reducing **violence and coercion** by
 - addressing harmful gender norms
 - creating safe spaces for women and girls
 - working with teachers and educational systems to keep girls safe from violence and coercion in schools
 - providing post-exposure prophylaxis for those exposed to HIV through sexual assault
 - Offering full packages of post gender-based violence care in clinical facilities

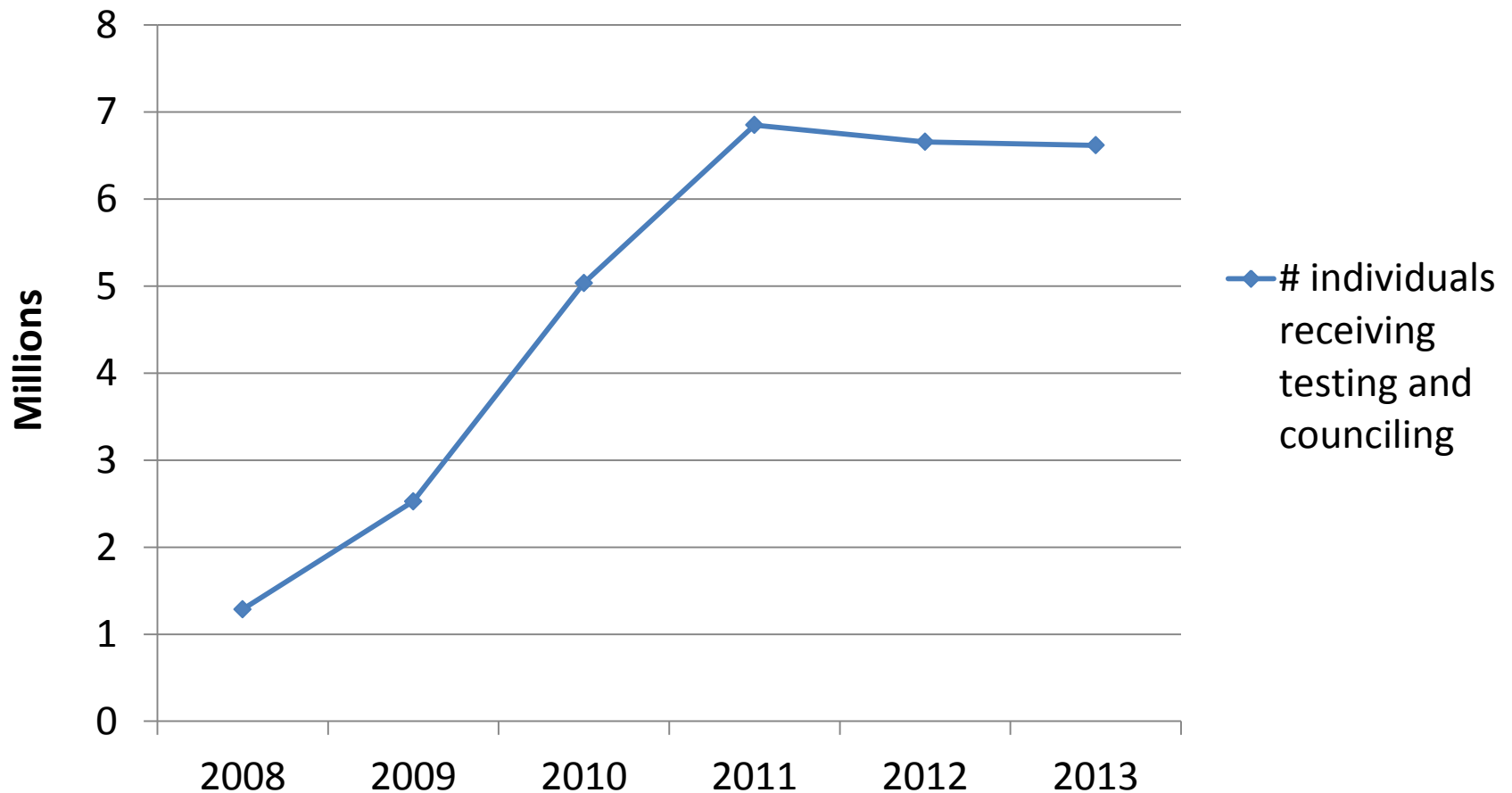
HIV adult prevalence by province in South Africa





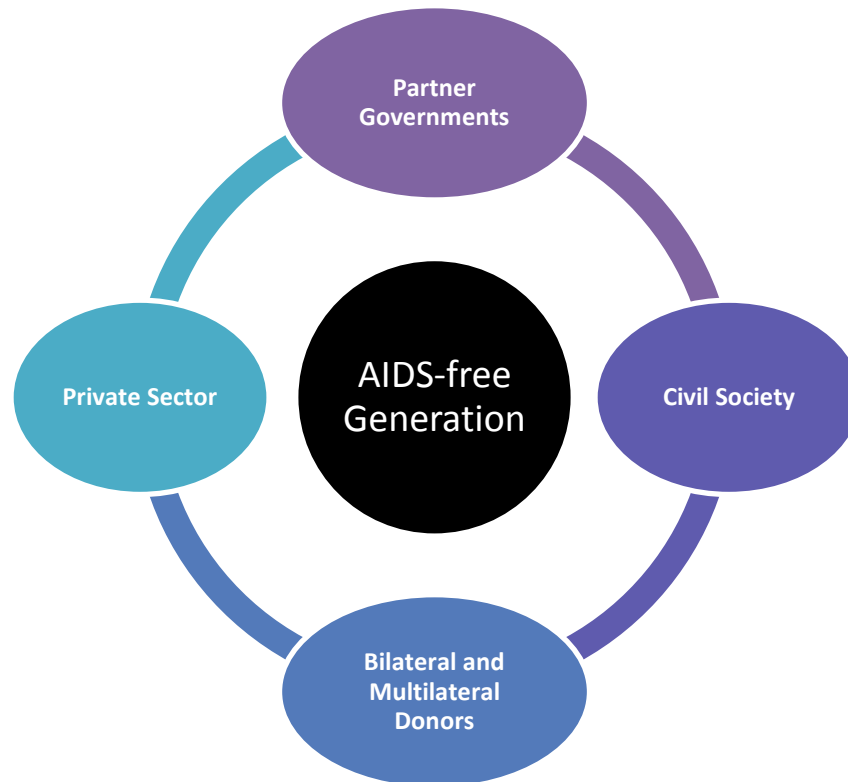
Results - Testing and Counseling

individuals receiving testing and counseling



Roadmap: Shared Responsibility

Goal: Expand collaboration with partner countries, multilateral and bilateral partners, civil society, private sector, and other stakeholders for greater impact and sustainability





Strategic Country Partnerships

Partnerships are critical to program sustainability and country ownership to:

- Develop a shared vision
- Optimize financial and technical resources
- Reduce duplication of program effort

From 2008, PEPFAR bilateral support formalized in ***Partnership Frameworks*** – the basis for a shared vision and mutual accountability for program achievements.

PEPFAR now moving to successor agreements, institutionalizing country ownership by advancing a shift from a traditional donor-recipient relationship to co-investment through ***PEPFAR Country Health Partnerships (CHPs)***.



Key Principles of PEPFAR Country Health Partnerships (CHPs)

- 1) Strengthened governance
- 2) Increased budget transparency
- 3) Focus on results
- 4) Leveraging private investments
- 5) Support capacity development





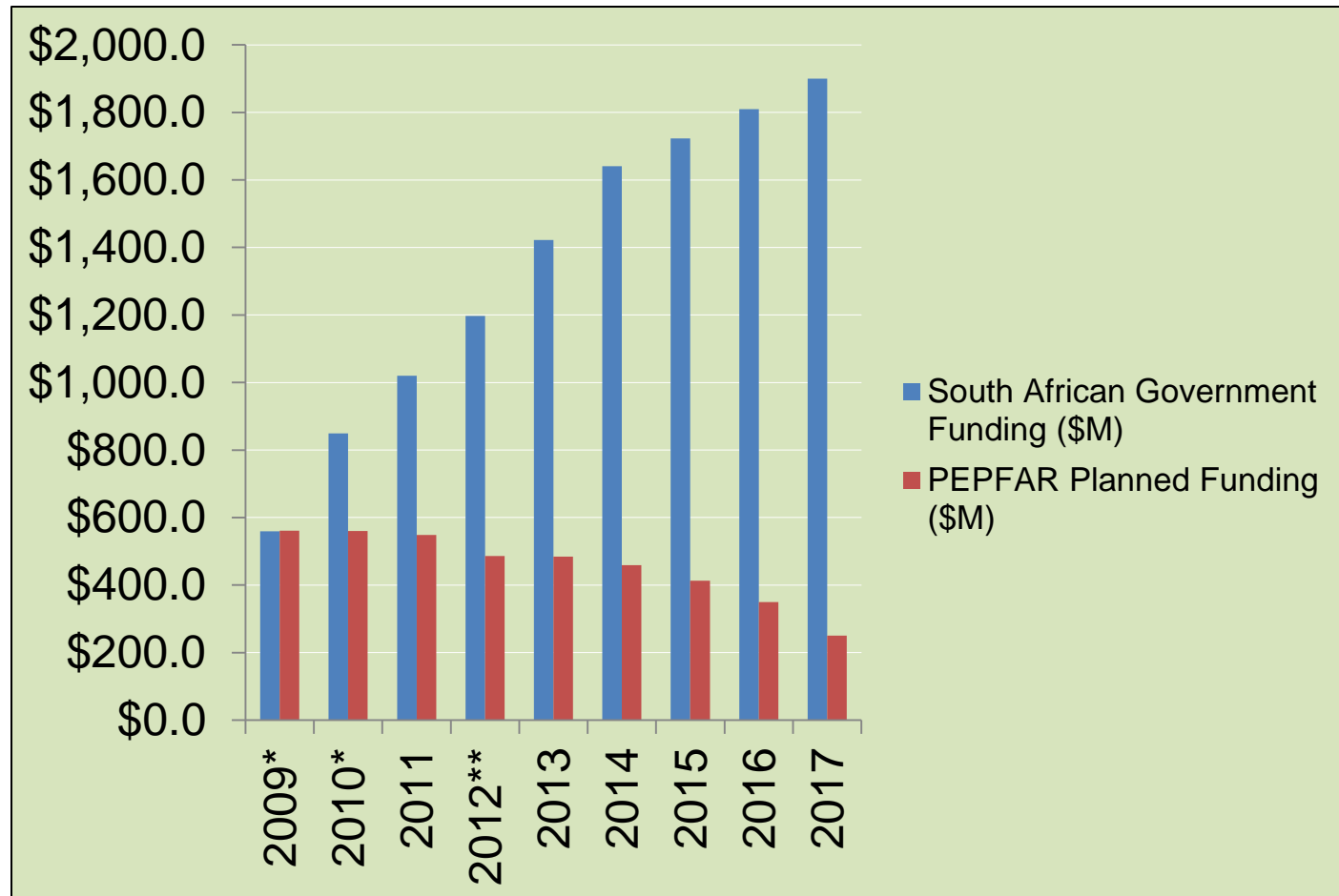
PEPFAR and SAG working together to support National Strategic Plan 2012 - 2016

- SAG-USG Partnership Framework signed December 2010.
- South Africa's National Strategic Plan for HIV, Sexually Transmitted Infections, and Tuberculosis launched December 2011, implementation began April 2012.
- SAG-USG Partnership Framework Implementation Plan signed August 2012
- SANAC, SAG, development partners jointly supported a restructuring of Global Fund grants and an interim application for additional resources to support the National Strategic Plan (March 2013).





PEPFAR and South African Government Funding for HIV/AIDS, 2009 to 2017 (Projected)

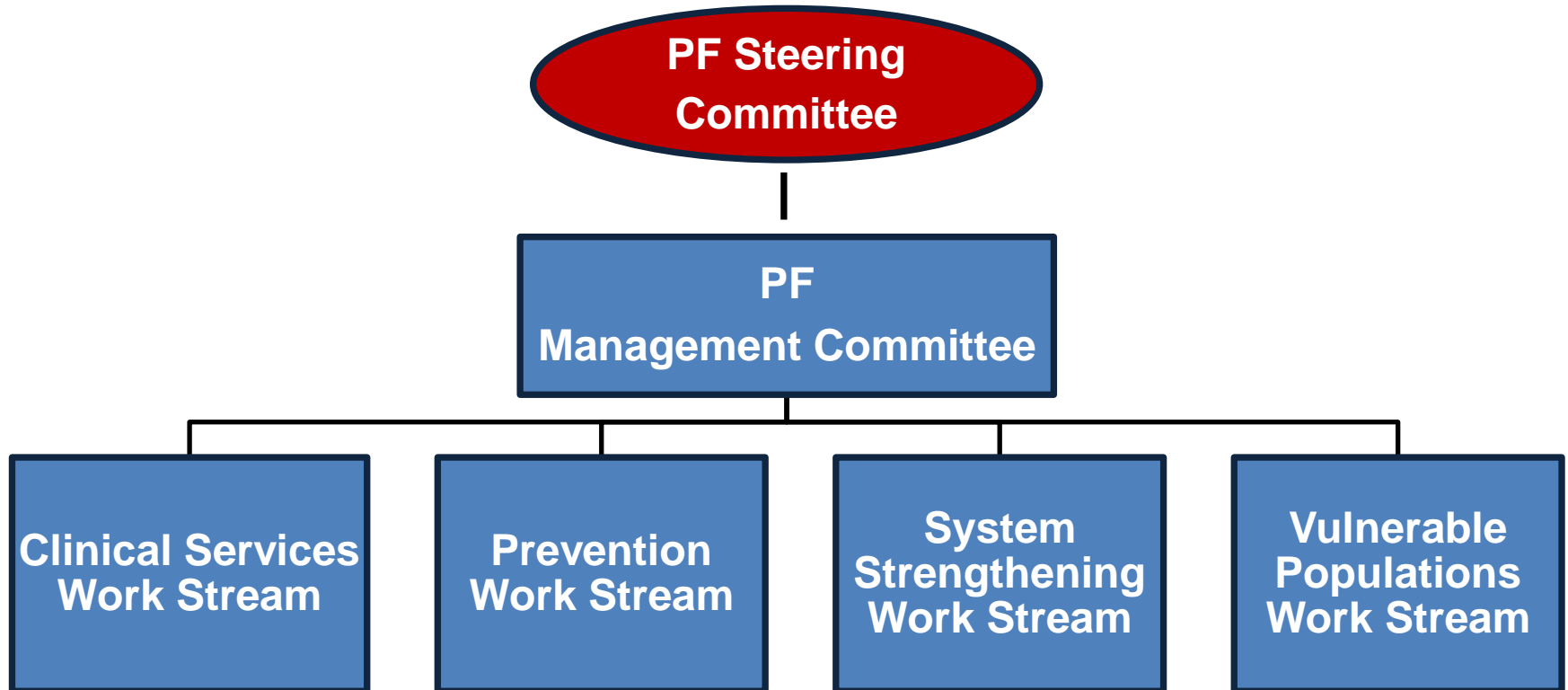


*In 2009 and 2010, PEPFAR offered South Africa \$60 million each year to assist with ARV commodities.

**In 2012, PEPFAR provided \$50 million to enhance South Africa's scale-up of medical male circumcision.



PFIP SAG-USG Management Structures





Roadmap: Driving Results with Science

- Match program to epidemiology and scientific evidence base
- Invest in implementation science and implementation research
- Evaluate the impact of optimized combination prevention
- Support innovative research to develop new technologies for prevention (e.g., microbicides, vaccines) and care (e.g., new treatments or treatment regimens)
- Develop approaches to identify and engage people early to preserve immune function and lower HIV transmission
- Deploy technology for measurement of viral load, both through tiered laboratory networks and 'point-of-care' tests as they become available
- Roll-out new technologies with proven impact (e.g., GeneXpert)



Partnership Framework Implementation Plan Work Streams

1. Strategically Focus Prevention

- Focus on geographic areas and key populations with high HIV incidence and expand coverage of highly effective prevention interventions

2. Care and Treatment Program Support

- Strengthen capacity within the South African national health system to continue expansion of HIV treatment and care services

3. Mitigate the Impact of HIV on Orphans and Vulnerable Populations

- Shift from direct service delivery to supporting the government and local organizations to deliver services for children and be key decision makers in the direction of children services.

4. Strengthen Health and Community Systems

- Build upon PEPFAR successes in developing a strong lab system, safe blood supply, and pre-service training for doctors and nurses in supporting the South African Government's expansion of integrated HIV/TB care and treatment services



Partnership with Civil Society

- Provide input to PEPFAR's strategic vision and 2014 priorities
- Assist in increasing the uptake of services
- Participate in campaigns to decrease stigma and discrimination
- Promote greater shared responsibility

PEPFAR Civil Society Partner's Meeting

Prevention Working Group



SOUTH AFRICANS AND AMERICANS
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Program Areas

- **Medical Male Circumcision (MMC)**
 - Supports 524 MMC sites throughout South Africa sites in 9 provinces and an additional 3 sites in military health services
 - Conducted 594,726 circumcisions since the start of the program, contributing 14% to the national targets of 4.2 million circumcisions by 2016
 - Provided technical support to Department of Health MMC sites.
 - Increased knowledge of MMC from 8% - 50% in two years through targeted communication, social mobilization and demand creation efforts
- **Key Populations**
 - Increased access to quality comprehensive (biomedical, behavioral and structural) for sex workers and MSM
 - Increased outreach services for migrants and mobile populations on farms (50,000) plus outreach services to troops in border areas
 - Supported development and roll-out of sensitization manual for health providers working with key populations
 - Trained on quality improvement and assurance key populations' peer educators



Program Areas

- **HIV Counseling and Testing**

- Supported the SA government to provide HIV counseling and testing to more than 6 million people – PEPFAR partners often expand services from government run facilities to community and households.
- Supported the NDOH with the development and roll-out of the HCT Planning Assistance tool, for setting and monitoring targets at facility and district levels. All clinics use the HCT Barometer to monitor progress in HCT services
- Supported the NDOH/Rotary Health Family Day, where more than 60,000 people were provided with HIV counseling and testing and other health services

- **Youth**

- 66,500 higher education students and staff received HCT services at more than 100 campuses since the inception of the annual First things First Campaign
- Rolled out Families Matters! Program and provided TA to the NDOH to develop youth-friendly facilities and adapting Project Aim to support older youth
- Assisted DBE to develop scripted lessons plans for Grades 7 – 9 learners

- **Gender**

- Brothers4Life for men and ZAZI for women and girls.
- Increased and improved quality services for survivors of sexual violence and abuse
- Supported the creation of violence free zones (that creates safety for women and girls)



Program Areas

- **Media**

- Supported 19 national media campaigns (19) – highly effective and leveraged for community interventions reaching 12 million people with face-to-face interactions
- Supported the National Communication Survey

- **Health Systems Strengthening**

- Strengthened South African government to develop policies, strategies and guidelines to standardize prevention interventions with targeted technical assistance, specifically:
 - Condom distribution plan
 - DOH prevention strategy
 - DBE Integrated Strategy and HIV policy
 - Key population guidelines
 - Women and girls strategy
 - PHDP guidelines
 - Peer education guidelines and quality standards (Youth and Key Population)
 - Supported DOH with development of HCT guidelines for home based HCT
- EQA MMC
- Targeted TA and staff secondment within SAG structures
- Training and support to local organizations on conducting and analyzing surveys
- Close coordination with SANAC and NDOH and other government departments; participation on workstreams



Program Areas

- **Surveillance and data collection**

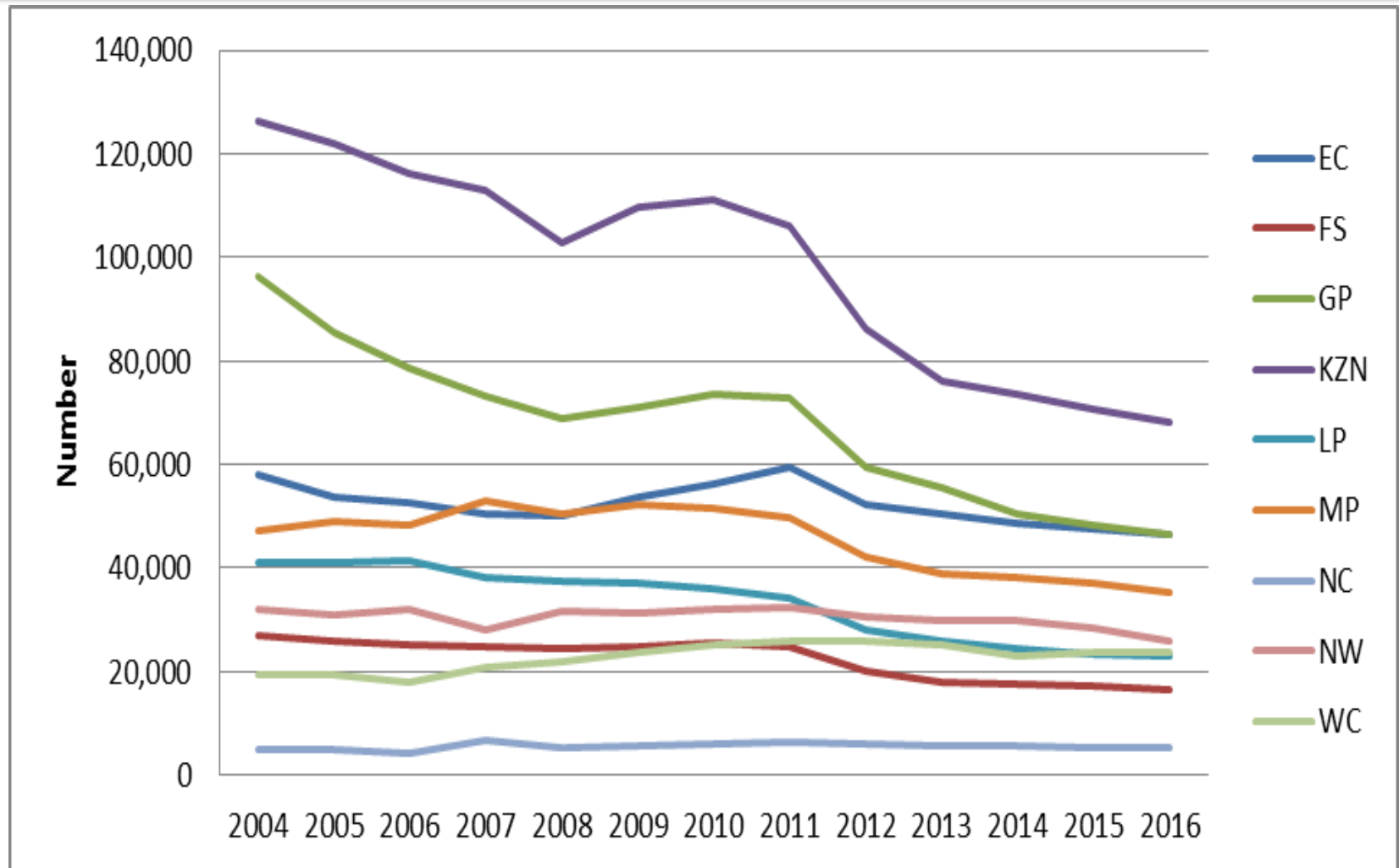
- Supported data collection and surveillance to inform programs
- Multi-country study on HIV counseling and testing
- Mapping high transmission areas, mobile and migrant populations, sex workers
- Integrated biological and behavioral surveys (IBBS) on female sex workers, men who have sex with men (MSM) with planned IBBS on transgendered people, people who inject drugs
- Triangulation of data – MSM, and counseling and testing
- Key Populations Implementation Fund and other studies on interventions for HIV positive MSM

- **Peace Corps**

- Peace Corps provides care and prevention services to rural and hard-to-reach communities in KwaZulu-Natal, Mpumalanga and Limpopo provinces
- The target of helping 35,000 people in FY2013 was exceeded – reaching 36,828 people

Trends

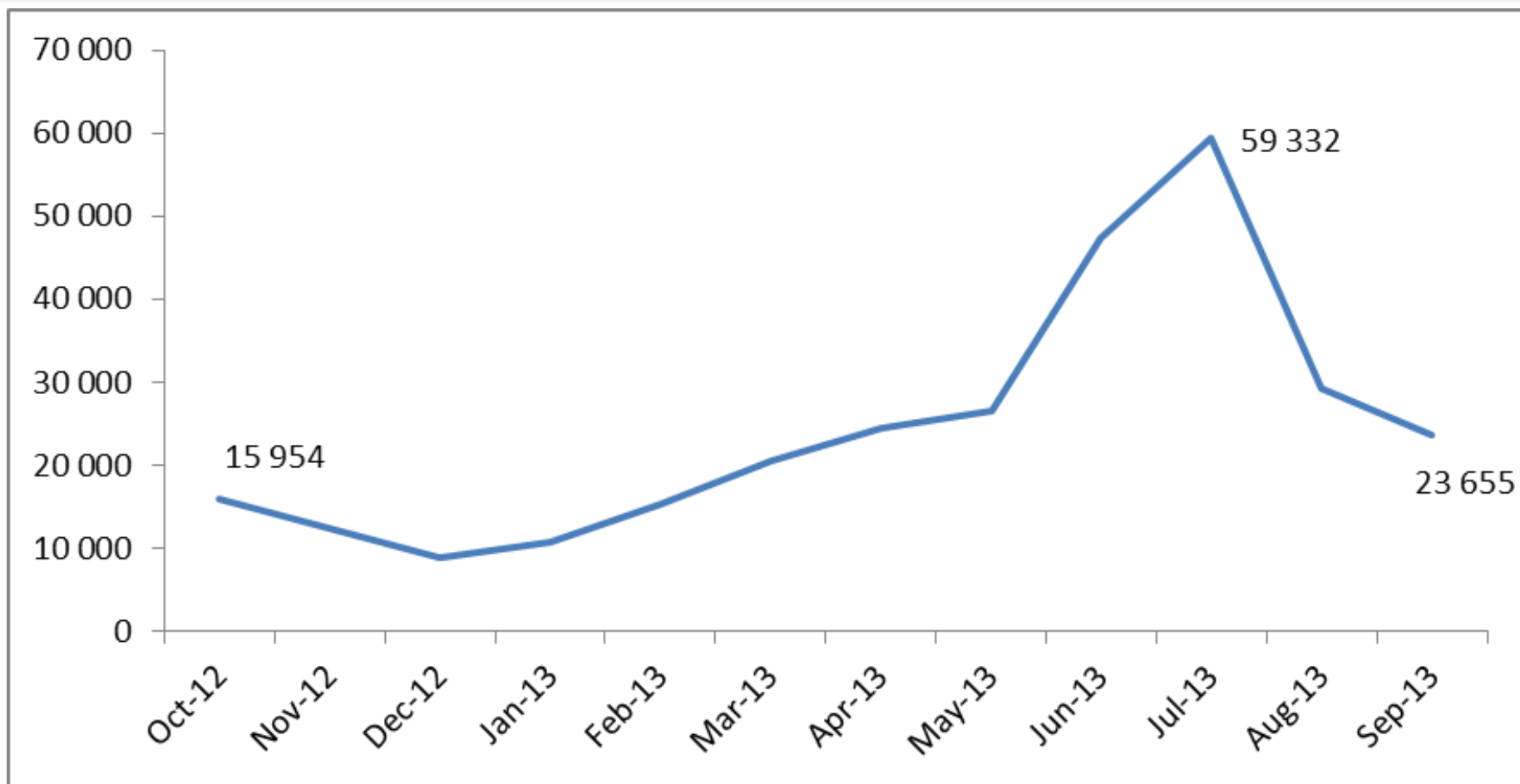
New HIV infections are falling bringing South Africa closer to its goal of reducing new infections by at least 50% (UNAIDS, January 2014)



Number of New HIV infections 15-49 years, Provincial (2004 -2016)



Trends (Medical Male Circumcision)

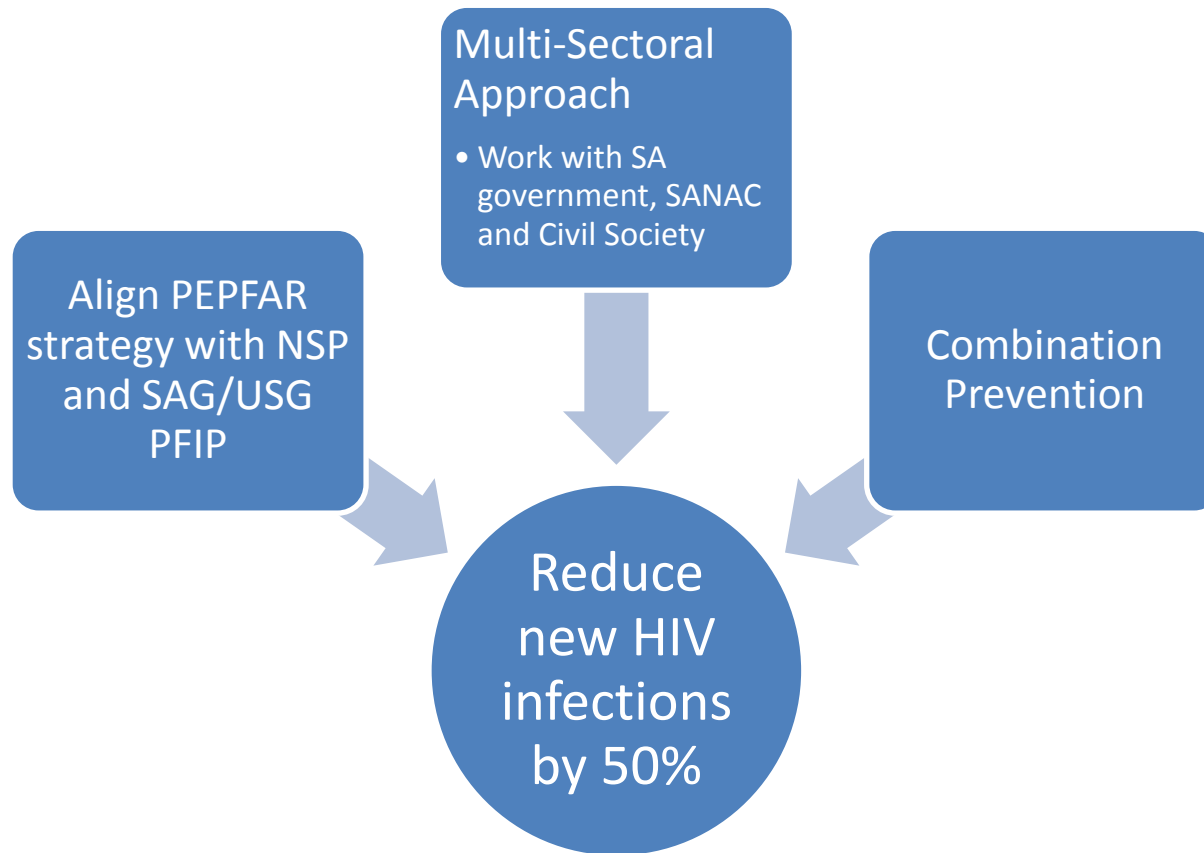




Principles of the Five Year Strategy

- 1. Geographic Targeting:** 80% of identified populations (within selected areas) will need to be reached with core interventions
- 2. Select National Programs and Systems Strengthening:** Support HIV prevention across the entire country with select national programs and systems strengthening activities
- 3. Targeted Projects:** Strengthen the prevention portfolio through projects that address highly affected populations (e.g., key populations “falling out” of geographic target areas; research and innovation; and strategic information)

Five-Year Strategy in a Nutshell





FY 2014 Priorities

The USG will continue to support SAG's prevention efforts to ensure clear, standardized policies, guidelines, tools, and functional M&E systems have been established

Systems Strengthening

- Provide technical assistance for developing and operationalizing prevention policies, strategies and guidelines target government departments
- Provide training, mentoring and supportive supervision to ensure well-trained staff (both lay and professional)
- Strengthen prevention strategic planning systems at all levels, including integrated and coherent multi-sectoral planning in priority districts
- Support coordination and avoid duplication by participating in task teams, working with other international donors
- Support adaptation and implementation of evidence-based behavioral interventions
- Strengthen interventions through improving data use, collection and dissemination, surveillance



FY 2014 Priorities

HIV Testing and Counseling

- Build capacity on implementation of quality provider-initiated counseling and testing and community-based HIV counseling and testing for hard-to-reach populations
- Strengthen linkages from testing to care and treatment services

Key Populations

- Develop a train the trainer curricula for training health providers on working with key populations and roll out
- Roll out quality improvement and assurance measures for key population peers
- Conduct surveillance, triangulate and map data to ensure that selected sites are appropriate and meet the needs of selected key populations
- Conduct a demonstration project people who inject drugs in Durban, Cape Town and Pretoria

Medical Male Circumcision (MMC)

- VMMC target for 218,131
- Build capacity towards mainstreaming of MMC services at primary health care level
- Standardize and develop coherent MMC policies for PEPFAR and the SAG



FY 2014 Priorities

Positive Health, Dignity, and Prevention (PHDP)

- Implement interventions to maximize the preventative impact of antiretroviral therapy
- Promote partner testing, services for sero-discordant couples
- Strengthen adherence to treatment and retention in services

Condom logistics, promotion and distribution

- Promote condoms with targeted approach tailored to different audiences (e.g. youth, MSM)

Gender

- Research and implement interventions to address structural drivers of gender-based violence (GBV)
- Participatory community engagement to prevent GBV through addressing male norms; intergenerational sex; women's legal rights; etc.
- Support for rape management centres to respond appropriately to rape survivors
- Support creation of GBV surveillance system to inform strategic investments



Assumptions towards Achieving Goals

Priorities and goals are achievable, but dependent upon the following assumptions:

- South African government buy-in and support for the PEPFAR Prevention Framework's selected geographic areas
- Adequate funding that would reflect HIV prevention's activities as a priority for PEPFAR and the South African government and civil society
- Strong coordination between national, provincial and district levels of government and society to ensure prevention priority setting and decision-making
- Institutionalization and "ownership" of HIV prevention across multiple government bodies and civil society
- Complementary systems support for prevention activities (indicators, infrastructure, human resources)



Implications for Civil Society

The prevention strategy supports South Africa's response to the HIV epidemic by ensuring the development and implementation of:

- Responsive evidence-based programs that are targeted to the right people at the right time, and right place
- High quality evidence-based programs that reach 80% of the targeted population

In addition, PEPFAR supports:

- Community resource mapping with strong referrals and linkages between services
- Optimization of resources that will serve a coordinated prevention program
- Strengthened community capacity and increased ownership and responsibility that will lead to reductions in new HIV infections

PEPFAR Civil Society Partner's Meeting

OVC Working Group



February 3, 2014
Kopanong, Hotel
Benoni, South Africa



Accomplishments

OVCY Work stream established -- Co-chaired Dr. M. Kganakga, Chief Director HIV & AIDS Directorate DSD & Anita Sampson, PEPFAR OVC Technical Lead

- Clear shift to TA focus in the OVC program with 9 new partners
- Regular meetings held with DSD to review OVC portfolio & budget allocations
- Work steam meetings attended by DSD, DBE, SANAC, USAID, CDC, PC, & USG
- Participation of DSD in the selection of new OVC implementing partners & new DSD TA Contractor
- USG/DSD Co-management of OVC partners both at National & Provincial level incl. participation in quarterly partner implementation review meetings with DSD, PDSD & district level DSD
- Evaluations completed of OVC programs that have ended (15)



Three components of the OVC Work plan by Area & Partner for the 5 Year Strategy

Focused Comprehensive Service Delivery

- Evidence based interventions
- Innovative & sustainable community responses
- Community capacity building for supportive environment for OVCY

Systems Strengthening

- Supporting the Child Protection Response Framework
- Coordination, management & oversight of community care service structures that protect OVC
- Linkages & referrals for health care
- Inter-sector integration & coordination between DSD, DOH & DBE
- Social welfare workforce development & management support including Child & Youth Care Workers
- Improving M&E data systems for children
- Strengthen social & individual behavior change to prevent HIV infection for children under 18

Operations Research

- Document evidence based practices & approaches & incorporate into programs (longitudinal research, case studies etc.)



Three components of the OVC Work plan by Partner for the Five Year Strategy

Targeted Service Delivery

Childline Mpumalanga & Limpopo (CP, ECD &
Children in Distress (Adolescent & focus on high schools)
Africare (Community outreach)
Child Welfare Bloemfontein (CP, CYCW & focus on high schools)
Future Families (ECD, HIV positive parents support groups, Home visits
community outreach for surrounding clinics, OVC support)
HIV SA (Capacity building for 50 DSD funded CBOs Sedibeng)
NACOSA (CB for 23 CBOs in 5 provinces)
Peace Corps/Ambassador's HIV/AIDS Community Grants Program
SACBC (Support 25 OVC CBOs)

Systems Strengthening

Government Capacity Building & Support for DSD (Pact)
NACCW (Isibindi CYCW training)
PATH/AIDSTAR (Thogomelo Caregivers Training Project)
Regional Psychosocial Support Initiative (REPSSI)
University Research South Africa (Children's Services Directory)

Operational Research

Tulane University -



Strategic Activities for FY14

Targeted Service Delivery - Provincial

- Child Welfare Bloemfontein & Childline Free State, Childline Mpumalanga & Childline Limpopo, Children In Distress (CINDI), HIV SA, Future Families, National Association of Childcare Workers (NACCW), Regional Psychosocial Support Initiative (REPSSI), NACOSA, Africare, SACBC, Peace Corps & Ambassador Community Grants

Operational Research (known best practice)

- Tulane University - evidence based interventions research ,
- Baseline, mid project and final outcome evaluations of all programs & MERL

Human Resource Development – National & Provincial

- Social Welfare Workforce strengthening support through Government Capacity Building & Support (**PACT/GCBS**)
- Thogomelo Training (**Path/AIDSTAR**) - Caregivers accredited training including child protection, care for the caregiver and supervision training
- Mentoring, coaching & Support of Child and Youth Care Workers (**NACCW**), Social Auxiliary workers and other social service professionals (**PATH/AIDSTAR**) and (**Pact/GCBS**)



Strategic Activities for FY14 Continued

System Strengthening – National & Provincial

- Supporting the Child Protection Response Framework (PACT/GCBS for DSD) and (REPSSI)
- Coordination, management & oversight of community care service structures that protect OVC and their families (All)
- Linkages & referrals for health care (PACT/GCBS)
- Inter-sector integration & coordination (PACT/GCBS)
- Improving M&E data systems (PACT/GCBS)
- Strengthen social & individual behavior change to prevent HIV infection for children under 18 years (PACT/GCBS)
- Children's Services Directory (University Research South Africa) for improved referrals



SOUTH AFRICANS AND AMERICANS
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PEPFAR

Discussion

PEPFAR Civil Society Partner's Meeting

Clinical Services



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Care and Treatment Presentation

- Overview
- Bilateral agreements for Transition
- Clinical Workstream priorities
- District Based Program Support
- Focused Collaborations
- Program Successes
- Program Challenges
- Vision for 2017



General Overview

- Care and Treatment programs at center of PEPFAR support for SA HIV/AIDS/TB response
 - Initiated treatment program in 2004
 - Now 2.4 million on ART / close to 4 million in care
 - 98% of patients are treated in public health facilities
- Transition
 - Away from remaining service delivery (2%) only when transferring patients is viable
 - Increasing technical assistance for sustainable quality improvements
 - Improving of program performance
 - Strengthening of management capacity
- Strong technical collaboration and co-management with NDOH



Joint Planning: Bilateral Transition Task Team (TTT) Launched with PFIP

- **TTT launched to address HIV care and treatment service support with many PEPFAR partnerships ending Sep/Oct 2012**
 - Planned with National, Provincial and District DOH to absorb patients in public clinics
 - Mapped PEPFAR human resources support in DOH facilities
 - Assured joint planning between DOH and PEPFAR partners for District-level work plans





Joint Planning: Clinical Services Workstream

Clinical Services Workstream

- NDOH and PEPFAR leadership
- Technical staff (NDOH, USAID, CDC) in Adult and Peds HIV Treatment, Care and Support, PMTCT and TB/HIV

Objectives

- Decision making on strategic direction
- Collaborative portfolio reviews and program (COP) planning
- Joint communication and interactions with Provinces / Districts
- Management of program transition
 - Support rapidly expanding treatment program from SAG's increasing investments
 - Joint decision-making on new funding opportunities
 - Managing PEPFAR human resource support to DOH facilities
 - Planning absorption of patients managed in private/NGO clinics

Clinical Work Stream Priorities 2014

Adult Treatment



- Continued roll-out of NIMART, with oversight by medical doctors
- Referral / services for management of complicated HIV cases
- Services for remote / vulnerable populations
- Services for key populations
- Retention in care / adherence on ART
- Pharmacovigilance and HIV-DR monitoring
- Monitoring patient and treatment program outcomes

Pediatric Treatment



- Implementation and operationalize 'Blueprint for Action'
- PITC for children, Focus on 100% testing of exposed infants
- Increase capacity to manage pediatric HIV cases
- Support for release of policy and scale up of integrated pediatric/adolescent friendly services
- Anticipated Maternal/child health program review
- Infant and young Child Nutrition, including exclusive breastfeeding and causes of stunting

Clinical Work Stream Priorities 2014



Care and Support

- Psycho-social support, pre-ART (I ACT)
- Linkage/retention in care, adherence to treatment
- Screening and management of opportunistic infections
- Nutrition Assessment, Counseling and support (NACS)
- Integration of Family Planning services
- Community-based HIV services (in context of PHC re-engineering) and linkages/referrals to facilities



PMTCT

- Implementation new SAG guidelines, including early booking
- Strengthen models to address PMTCT cascade
- Post-natal follow-up of mother-baby pair up to 18 months
- Quality Improvement
- PMTCT outcomes study



Clinical Work Stream Priorities 2014

HIV/TB

- DOTS and the 5 “I”s
 - Intensified case-finding
 - Infection control and prevention
 - TB screening and IPT
 - Timely Initiation of ART
 - Integration of services
- Management of DR-TB
 - Early detection—GeneXpert
 - Nurse-initiated management of MDR
- Quality Improvement



Systems

- Drug supply chain management
- Information systems (Tier.Net, ETR, DHIS)
- Establishment of ‘Ideal Clinics’
- Functionality of Ward Based Outreach Teams





District-Based Program Support

- Covering all 52 districts (one/two partners per district)
- Supporting mainly public health sector
- Providing broad support for HIV/AIDS treatment and care programs
 - Close collaboration with DHMT
 - Strengthening systems at facility and district levels
 - Focus on capacity building and mentoring (TA)
 - Quality improvement / performance monitoring
- Covering comprehensive program: adult and pediatric treatment, care and support, PMTCT, TB/HIV, HSS



District-Based Program Support



- Broadreach
- Institute for Youth Development South Africa (Beyond Zero)
- Foundation for Professional Development (FPD)
- Africare
- Health Systems Trust (HST)
- Aurum
- Right To Care (RTC)
- ANOVA
- Khethimpilo
- Match
- Wits Reproductive Health & HIV Institute (WRHI)





Focused Collaborations

Focal / Innovation Program Models:

- Care and support, I-ACT (HPCA, FHI360, Care, NASTAD, SA Partners)
- Youth friendly and adolescent HIV service innovation models (WRHI, Pathfinder)
- Vulnerable communities innovation models (AgriAIDS, Witkoppen, SACBC)
- Key populations treatment models – MSM and CSW (ANOVA, WRHI) and correctional services (partners TBA)
- Treatment and care innovation (CAPRISA, St Mary's, Re-Action!)
- Advanced clinical care referrals/services (partners TBA)



Focused Collaborations

National and Provincial Support:

- NDOH program support in TB and HIV clusters (incl. Care and Support, MDR-TB and Kick-TB)
- Quality Improvement systems (URC, UKZN, Stellenbosch)
- Training and supervision (Broadreach, I-TECH, FPD)
- Nutrition, NACS (FHI 360)
- PMTCT outcomes (MRC), QI and leadership (UNICEF, UKZN, Stellenbosch)
- TB infection control (CSIR) and ETR/EDR (Wamtech)

Implementation Science (ICAP, CAPRISA, Aurum, HST, RTC)



Program Successes

PEPFAR programs support:

- HCT campaign: 20 million people tested for HIV over 20 months
- Scale-up of ART: > 2.4 adults and children on treatment
- PMTCT: transmission reduced to 2.7% at 6-weeks (8% in 2008)
- New ART guidelines (2013) and implementation of FDCs
- Finalization of the 'Blueprint for Action' and new pediatric HCT and ART initiation guidelines
- Implementation of 'Option B' for PMTCT (2013)
- Implementation of the PMTCT and pediatric QI framework
- 'National Framework for Improvement and Monitoring of ART Clinical Outcomes' and 'National Framework for Linkage, Retention and Treatment Adherence for HIV, TB, and Other Chronic Diseases' (expected early 2014)



Program Successes

- Strengthened DR-TB program, through the roll-out of the GeneXpert and nurse-initiated DR-TB treatment program.
- Adoption of Nutrition Assessment, Counselling and Support (NACS) as a standard of care within HIV/AIDS care and treatment services
- Promotion of exclusive and continued breastfeeding as part of the Integrated Infant and Young Child Feeding (IYCF) program.
- Roll-out of Tier.Net, program performance monitoring
- Improved HIV/AIDS/TB services integration
- Completion of the Joint National Review of the SA national HIV and TB programs



Program Priority Issues

PEPFAR supporting HR gaps in public HIV services

Issue: ~ 3000 staff positions in clinics supported by PEPFAR as of late 2013

Action: 1) Plan to absorb critical staff by target end 2014 in most districts
2) To meet staffing norms, increasing HR investment by SAG

PEPFAR NGO/FBO providing key services

Issue: Six partners still providing services to ~ 35,000 patients in NGO/FBO/GP clinics

Action: 1) Look at mixed funding models for NGO clinics where needed
2) Support capacity for staged absorption of patients in DOH clinics

Capacity gaps in specialized clinical services

Issue: Acute gaps in pediatrics and clinical management of complicated HIV cases

Action: Build capacity for complicated clinical case management and firm referral systems

Clear strategies for adherence and treatment support not yet in place

Issue: SAG model to manage adherence support and community linkage in development

Action: Document, evaluate, and take to scale effective models of implementation



Program Priority Issues

Integration of Services

Issue: Need policy and program support for effective integration of services

Action:

- 1) NDOH guidelines on delivery and supervision of integrated approach
- 2) PEPFAR support for integrated management at district and sub-district level
- 3) PEPFAR support for implementation of PHC re-engineering (i.e., ICDM, GP contracting, WBOTs, CHWs, etc.)

Monitoring of progress

Issue: Need stronger systems to monitor impact and success

Action:

- 1) Program Evaluations for retrospective and prospective transitions
- 2) TA indicators and M&E framework will be implemented to inform planning
- 3) Use evidence base to benchmark steps towards 'graduating' facilities and districts over time

Vision 2017

- **DOH providing direct support for service delivery by 2017**
- **“Graduation” of districts from direct PEPFAR support—move to building capacity for Provincial DOH**
- **Focus on key strategic approaches to support program quality**

QI programs,
mentorship and
supervision

Data systems,
measurement
of outcomes,
monitoring and
evaluation

Integration of
HIV/TB in
primary health
care service
delivery

Referral and
retention
systems to
reduce loss to
follow up

- **Continuation of technical programs based on joint priorities**
- **Program evaluation, implementation science and surveillance**

Support evidence-based planning and program innovation

PEPFAR Civil Society Partner's Meeting

Health Systems Strengthening/ Lab/ Strategic Information



Tuesday February 4, 2014
Kopanong Hotel,
Benoni, South Africa



Accomplishments - HHS

- Developed and began implementing new direct delivery model for pharmaceuticals
- Electronic pharmaceutical management system identified (Rx Solutions) and roll out begun
- Continued strengthening of the in- service training platform in 8 provinces (Regional Training Centers)
- Implementation of Human Resources Information System (SkillSMART) in 3 provinces



Accomplishments - Lab

- Strengthen capacity building of pre service institutions through twinning partnerships with US univ, Successful Lab-based surveillance program, GERMS-SA, has reported ~1,560 Opportunistic Infection cases from 85 laboratories
- First HIV DR survey in SA near completion
- National TB drug resistance: survey has enrolled over 105,000 participants in all 9 provinces
- Post marketing surveillance of HIV rapid test kits program (103 batches) and training of 2,039 health care workers on HIV rapid testing and finger prick blood collection
- Cryptococcal screening program (over 8,800 patients) in phase 1
- A total of 37 residents graduated from the FELTP program



Accomplishments - SI

- Support National Communication Survey
 - Data on reach and impact of HIV communication programs
- Support South Africa National HIV Household Survey
 - National level HIV prevalence and incidence estimates
- Support capacity building of Health Information Systems (e.g., ETR.net, Tier.net) including
 - Interoperability
- Support monitoring and evaluation activities
- Support training of data capturers through NDOH
- Support innovative surveillance and survey
 - Pharmacovigilance surveillance, Key populations research



5 Year Strategy

HSS

The HSS portfolio will focus on capacity building initiatives at multiple levels of the health system that allow the delivery of trainings and services, and promote increased system level coordination and standardization. These include:

- 1) Strengthen the HR capacity of the HIV response system,
- 2) Strengthen governance and leadership capacity at all levels of the HIV response,
- 3) Strengthen the supply chain for HIV and AIDS related commodities,
- 4) Strengthen the public financial management systems responsible for HIV service delivery,
- 5) Strengthen community systems to promote presentation activities and generate demand for and linkages to HIV services



5 Year Strategy

SI

Continue to support SAG efforts to develop comprehensive and sustainable national information systems and surveillance, surveys, and operational research activities that generate quality data for program monitoring and planning.

Lab

Strategize investments in lab strengthening with NHLS, NDOH and Provincial Departments of Health to strengthen clinic-laboratory interface activities and processes.



FY 14 Priorities - HSS

- Roll out of Rx Solutions and direct delivery systems for pharmaceuticals
- Creation of control towers and cross docking stations in Mpumalanga and Eastern Cape to manage drug stocks
- Expansion and utilization of SkillSMART
- Capacity building of pre-service institutions to develop curricula, standards, support service delivery innovations, strengthen overall quality of programs, development of faculty, and strengthen management capacity to support scale-up.
- Continued capacity building support to the Regional Training Centers (RTCs)
- Continued capacity building support for the development of Leadership and Management framework and requirements for training, mentoring, and supervision.
- Continued capacity building support for community health workers to support the ward based outreach teams.
- Continued strengthening and support of the implementation of the Integrated Chronic Disease Model.



FY 14 Priorities - Lab

- HIV Rapid testing QA program implementation
- Expansion of GenXpert testing external quality assurance program
- Expansion of electronic gate keeping for lab services at hospitals for regulation of test ordering and utilization
- Support integration of Lab information systems and other NDoH electronic data bases
- Support of hiring of key staff to manage laboratory services at District and major hospitals level to maintain cost efficiencies and quality of services



FY 14 Priorities - SI

- Continue activities to enhance national reporting systems (Tier.net, DHIS, ETR.net)
 - Improving interoperability and system utilization
- Continue capacity building activities to improve data quality by integrating tools and systems
- Continue growing the evidence-base for the HIV response through survey and surveillance activities focusing on:
 - Key populations; incidence, behavioural, household and surveys, and TB / HIV drug resistance



Discussion

**Additional comments to:
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